



Docket No. 0687/74768-AA/JPW/GJG/MJP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael Wayne Graham and Robert Norman Rice
Serial No. : 10/759,841 Examiner: Whiteman, B.
Filed : January 15, 2004 Group Art Unit: 1635
For : SYNTHETIC GENES AND GENETIC CONSTRUCTS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 24, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

 Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

 X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	36 -	* 60 =	*** 0 x	\$26	\$52	=		0.00
Indepen- -dent Claims	3 -	** 4 =	*** 0 x	\$110	\$220	=		0.00
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u> X </u> No				\$195	\$390	=		0.00
				TOTAL ADDITIONAL FEE			\$	0.00

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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The following are also enclosed:

☐ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☒
and a fee of \$ 0.00 included)
☐ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for Month(s) Extension of Time
☒ Other (identify): Request for Continued Examination Under
37 C.F.R. § 1.114(c)

THE TOTAL FEE DUE IS \$ 810.00.

☒ A check in the amount of \$ 810.00 is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
Gary J. Gershik 9/24/09
John P. White Date
Reg. No. 28,678
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